

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107532277

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	2		1			
5	0					
6	0		1			
7	0					
8	0		1			
9	0					
10	0		1			
11	0					
12	0		1			
13	0					
14	0		1			
15	0					
16	0		1			
17	0		1			
18	0		1			
19	0					
20	0		1			
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22	0		1			
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25	0					
26	0		1			
27	0					
28	0		1			
29	0					
30	0		1			
31	1		1			
32	1		1			
33	1		1			
34	2		1			
35	3		1			
36	3		1			
37	0					
38	0					
39	0					
40	0		1			
41	0					
42	0		1			
43	0					
44	0		1			
45	0					
46	2		1			
47	2		1			
48	0					
49	0		1			
50	0		1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1			1	
52		1			1	
53	2				1	
54	6				1	
55	8				1	
56	8				1	
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98						
99						
100						
TOTAL IND.	2		↓	2	↓	↓
TOTAL DEP.	64	←	54	←		←
TOTAL CLAIMS	66	████████		56	████████	